

CALIFORNIA COMMISSION ON TEACHER CREDENTIALING

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Sacramento, CA 95814-4213
(916) 322-6199
FAX (916) 324-6064

Office of Human Resources

**SUPPLEMENTAL APPLICATION**

EXAMINATION TITLE: Teacher Preparation Administrator I (Program Evaluation and Research)
EXAMINATION CODE: 10150EB
FINAL FILE DATE: May 4, 2006

Dear Competitor:

The attached Supplemental Application is designed to elicit a broad range of information regarding knowledge, skills, and potential to effectively perform the functions of a Teacher Preparation Administrator I (Program Evaluation and Research). You should, therefore, provide a concise response or description of your achievements and experience. Limit your responses to the space provided. Do not make reference to your original application. Do not attach curriculum vitae, resumes, or other related material. Information that is submitted cannot be returned.

The ability to present ideas clearly and concisely in writing is a critical factor to successful performance as a Teacher Preparation Administrator I (Program Evaluation and Research). Therefore, it is to your advantage to invest the time and effort to completely answer each question. Partial or incomplete responses will result in less than the maximum number of points awarded for a question.

The information you provide in this document will be rated competitively in comparison with all other candidates. The Supplemental Applications will be weighted **PASS/FAIL** and scored by an impartial panel of the Commission staff. Failure to demonstrate sound organizational structure, clarity, and correct mechanics (spelling, grammar, and punctuation) will result in your application being disqualified. Please **TYPE** your information to facilitate easy reading by the reviewing panel and to maximize use of the limited space on the form.

The first page of the Supplemental Application (Page 1) is the Identification Page. It is your responsibility to enter your Last Name, First Name and Middle Initial, and Date on this page and on **each succeeding page** of the Supplemental Application. If the Supplemental Application pages become separated during the rating process, those without Name and Date information will not be rated.

Completion of the Supplemental Application is **MANDATORY**. Failure to submit a completed Supplemental Application with an Examination Application, STD 678 will result in elimination from the examination. Upon completion of the Supplemental Application, (1) read and sign the statement at the bottom of the Identification Page, (2) make a copy of the entire form for your records, and (3) return the **ORIGINAL** Supplemental Application and Examination Application, STD 678 by 5:00 p.m., **May 4, 2006**.

Applicants who meet the requirements for the examination and pass the Supplemental Application may be scheduled for an interview conducted in Sacramento.

SUPPLEMENTAL APPLICATION

TEACHER PREPARATION ADMINISTRATOR I (PROGRAM EVALUATION AND RESEARCH)

10150EB

FFD: 05-04-06

LAST NAME (Print or Type)		FIRST NAME AND MIDDLE INITIAL (Print or Type)		DATE
ADDRESS		CITY	STATE	ZIP
WORK TELEPHONE NUMBER ()		HOME TELEPHONE NUMBER ()		

IDENTIFICATION PAGE***CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this Supplemental Application may be rejected.***

I certify under penalty of perjury that the information I have entered on this Supplemental Application is true and complete to the best of my knowledge. I also understand that if I do not have legal minimum qualifications for this class, I will be removed from the examination when this fact is determined. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education.

Signature

Date

SUPPLEMENTAL APPLICATION

TEACHER PREPARATION ADMINISTRATOR I (PROGRAM EVALUATION AND RESEARCH)

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LAST NAME (Print or Type)	FIRST NAME AND MIDDLE INITIAL (Print or Type)	DATE
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PART I –**QUALIFICATIONS AND ACCOMPLISHMENTS RELATED TO TEACHER PREPARATION**

Administrators in Teacher Preparation (Program Evaluation and Research) are required to have, at a minimum, either one year of experience in the California State service performing professional education duties at a level of responsibility equivalent to that obtained in the class of Consultant in Teacher Preparation (Program Evaluation and Research); or two years of experience in the California State service performing professional duties at a level of responsibility equivalent to that obtained in the class of Assistant Consultant in Teacher Preparation, Range B; or four years of professional education experience in one or a combination of the following: administration or teaching in teacher education at the college or university level; directing or conducting research related to teacher education, program evaluation, or program planning; and/or administration, supervision, or the equivalent staff level experience in a public school district.

Describe your professional education experience in development, implementation, administration, and evaluation and research of teacher preparation program and policy. Include: (1) the time period (month/day/year), (2) the name of the employer or client, and (3) your specific role and accomplishments. (20 POINTS)

PERIOD OF EXPERIENCE: FROM ____/____/____ TO ____/____/____

EMPLOYER OR CLIENT:

Name:

Address:

YOUR ROLE AND THE SIGNIFICANCE OF THE ACCOMPLISHMENT:

LAST NAME (Print or Type)	FIRST NAME AND MIDDLE INITIAL (Print or Type)	DATE
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PART I – QUALIFICATIONS AND ACCOMPLISHMENTS RELATED TO TEACHER PREPARATION – (CONT.)

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TEACHER PREPARATION ADMINISTRATOR I (PROGRAM EVALUATION AND RESEARCH)

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PART II – QUALIFICATIONS AND ACCOMPLISHMENTS RELATED TO TEACHER PROGRAM EVALUATION AND RESEARCH

Administrators in Teacher Preparation (Program Evaluation and Research) perform a variety of complex administrative duties in professional education preparation program planning, research development, and implementation of Commission policies and regulations. As such, they are expected to have knowledge of principles, practices, and trends in the use of program research for decision making.

Describe the positive and negative aspects of the use of performance data to evaluate programs and conduct research in education, with special attention to the impact on teacher preparation. How might these considerations influence the licensure of teachers? (20 POINTS)

LAST NAME (Print or Type)	FIRST NAME AND MIDDLE INITIAL (Print or Type)	DATE
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PART II – QUALIFICATIONS AND ACCOMPLISHMENTS RELATED TO TEACHER PROGRAM EVALUATION AND RESEARCH – (CONT.)

LAST NAME (Print or Type)	FIRST NAME AND MIDDLE INITIAL (Print or Type)	DATE
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PART III – QUALIFICATIONS AND ACCOMPLISHMENTS RELATED TO TEACHER PREPARATION AND CERTIFICATION

If teacher preparation has a disproportionately negative impact on teacher licensure candidates, what alternative certification should the State consider either to supplement or replace existing State licensure routes? How should the State hold teacher preparation programs accountable for the quality of their graduates? Describe one or more alternative methods and indicate why you would recommend them. (20 POINTS)

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PART III – QUALIFICATIONS AND ACCOMPLISHMENTS RELATED TO TEACHER PREPARATION AND CERTIFICATION – (CONT.)

SUPPLEMENTAL APPLICATION

TEACHER PREPARATION ADMINISTRATOR I (PROGRAM EVALUATION AND RESEARCH)

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PART IV –**EXPERIENCE WORKING WITH EDUCATIONAL ORGANIZATIONS**

Please describe your most significant administrative professional accomplishment in working with a school district, community college, or a four-year college or university. Include: (1) the time period (month/day/year), (2) the name of the employer or client, and (3) your specific role and accomplishments. (20 POINTS)

PERIOD OF EXPERIENCE: FROM ____/____/____ TO ____/____/____

EMPLOYER OR CLIENT:

Name:

Address:

YOUR ROLE AND THE SIGNIFICANCE OF THE ACCOMPLISHMENT:

LAST NAME (Print or Type)	FIRST NAME AND MIDDLE INITIAL (Print or Type)	DATE
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PART IV – EXPERIENCE WORKING WITH EDUCATIONAL ORGANIZATIONS – (CONT.)

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PART V –**EXPERIENCE WORKING WITH GROUPS**

Administrators in Teacher Preparation (Program Evaluation and Research) are required to work with a group, or with various groups, in administering, developing, implementing, and managing teacher preparation and/or alternative certification program components. It is desirable that candidates have experience working with interested faculty, teachers, or other teacher preparation program experts from a variety of disciplines. Additionally, they are required to present complex and sensitive policy issues before the Commissioners and other local and State agencies.

Please describe your most significant accomplishment in working with a group of educators (or with various groups of educators) to accomplish a specific task. Your response must include: (1) the number of people working in your group(s), (2) the associations or entities from which the group members represented, (3) the objective(s) of the group, (4) your specific role (i.e., member, participant, consultant, lead facilitator, administrator, etc.), and (4) the outcome of the group's efforts. (20 POINTS)

NUMBER OF INDIVIDUALS IN GROUP: _____

ASSOCIATIONS MEMBERS REPRESENTED:

OBJECTIVE(S) OF THE GROUP:

YOUR SPECIFIC ROLE:

OUTCOME:

LAST NAME (Print or Type)	FIRST NAME AND MIDDLE INITIAL (Print or Type)	DATE
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PART V – EXPERIENCE WORKING WITH GROUPS – (CONT.)

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PART VI –**REFERENCES**

Please provide the names, addresses, and telephone numbers of references for employment purposes.
